

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032713

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

164

Primary Registration District No.

9032

Registrar's No.

127

FILED SEP 9 1963

1. PLACE OF DEATH

a. COUNTY Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WarrensburgLength of stay in 1b
15 min.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Johnson County
Memorial HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Johnson

c. CITY OR TOWN Knob Noster

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
RFD #1Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Gladys

Middle

Leona

Last

Hromek

4. DATE OF DEATH

Month

Sept.

Day

2

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/22/05

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (City and state or country)

Montserratt, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Murley

13b. MOTHER'S MAIDEN NAME

Jennie Mooney

14. NAME OF HUSBAND OR WIFE

John W. Hromek

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

John W. Hromek-Knob Noster, Mo.

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at 11:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Kelly Rawlins

(Degree or title)

M.D.

22b. ADDRESS

Holden, Missouri

22c. DATE SIGNED

9/3/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9/7/63

23c. NAME OF CEMETERY OR CREMATORY

Knob Noster Cemetery

23d. LOCATION (City, town, or county)

Knob Noster, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Sweeney-Phillips - Warrensburg, Mo.

25. DATE RECD. BY LOCAL REG.

Sept. 5, 1963

26. REGISTRAR'S SIGNATURE

Savannah Hutchfield

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
10515
20510
3
4 1
5 1
6
7 0
8 2
9420.1
10
11
12 4-0
13 1-0

SEP 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. East Priest

Licensed Embalmer No. 3878

P. O. Address

Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.